



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/166368

PRELIMINARY RECITALS

Pursuant to a petition filed June 02, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on June 18, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner's BC+ benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Pang Thao Xiong
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On April 7, 2015, the Petitioner submitted an online application for health care benefits.
3. On April 15, 2015, the agency issued a Notice of Proof Needed to the Petitioner requesting verification of employment and income from [REDACTED]. The due date for the information was May 7, 2015.

4. On May 7, 2015, the agency received an employment verification from [REDACTED] reporting that the Petitioner works 30 hours/week at \$11.79/hour.
5. On May 8, 2015, the agency issued a Notice of Decision to the Petitioner informing her that her application was denied due to failure to provide the requested verification.
6. On June 5, 2015, the agency issued a Notice of Decision to the Petitioner informing her that her application is denied due to household income exceeding the program limit.
7. On June 2, 2015, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

BadgerCare Plus is Wisconsin's medical assistance program for those who are under 65 and not disabled. Adults are ineligible if their household income exceeds the federal poverty level. Wis. Stat. § 49.471(4)(a). The federal poverty level for a one-person household, the size of the petitioner's, is \$980.83. BadgerCare Plus Handbook, § 50.1.

Based on the employer verification provided in this case, the agency budgeted the Petitioner's monthly income as \$1,414.80 which exceeds the income limit of \$980.83. The Petitioner testified at the hearing that her hours fluctuate, that some weeks she works 40 hours/week while other weeks she only works 18 hours/week. The Petitioner did not submit any pay statements or other evidence of her actual hours worked. When a recipient's work hours fluctuate, the agency may look at actual hours worked over a period of time to determine an appropriate average number of hours to budget for purposes of determining eligibility. However, the Petitioner must submit actual recent pay statements to the agency so that it can make that determination.

Based on the evidence presented, I conclude that the agency properly determined that the Petitioner's monthly household income exceeds the program limit and properly denied her application.

CONCLUSIONS OF LAW

The agency properly determined that the Petitioner's monthly household income exceeds the program limit and properly denied her application.

THEREFORE, it is

ORDERED

That the Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

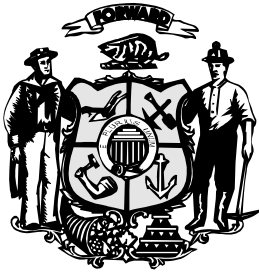
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 21st day of August, 2015

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on August 21, 2015.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability